PATENT 450100-02904

HE UNITED STATES PATENT AND TRADEMARK OFFICE

Akira NONAKA et. al.

Serial No.

09/741,668

For

DATA PROCESSING APPARATUS, DATA PROCESSING

SYSTEM, AND DATA PROCESSING METHOD

THEREFOR

Filed

December 19, 2000

Examiner

Z. Davis

Art Unit

2137

745 Fifth Avenue New York, NY 10151

RECEIVED

Technology Center 2100 Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with The United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, Alexandria, VA 22313-1450, on September 1, 2004.

Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

September 1, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued June 1, 2004, please consider the following amendment to the above-referenced application.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Akira NONAKA et al.

Serial No.

09/741,668

Filed

December 19, 2000

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Technology Center 2100 DATA PROCESSING APPARATUS, DATA PROCESSING SYSTEM,

AND DATA PROCESSING METHOD THEREFOR

Examiner

Z. Davis

Art Unit

2137

Mail Stop Amendment COMMISSIONER FOR PATENTS Alexandria VA, 22313-1450

Sir.

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required. X

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	20	Minus	56 =	0 ×	\$18(9)	= \$0
Independent claims	3	Minus	11 =	0 ×	\$86(43)	= \$0
	· · · · · · · · · · · · · · · · · · ·			onal fee for endment		\$0

If the entry in Column 2 is less than the entry in Co	column 4, write "0" in Column	5.
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If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim.	The required fee of \$290 (\$145) has been previously paid _, or is paid
herewith	

This response is being filed within the month following the expiration of the term originally set therefor.

This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$.00 is attached, which covers the cost of \(\square\) additional claims and \(\square\) -month petition

for extension of time.

Charge \$_ to Deposit Account No. 50-0320.

図 Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

Signature

September 1, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP Attorneys for Applicant(s)

By: Darren M. Simon Reg. No. 47,946 Tel. (212) 588-0800

If the highest number of total claims previously paid for is less than 20, write "20" in this space.